

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  10D1070033	<b>(X3) Date Survey Completed</b>  11/01/2021
<b>Name of Provider or Supplier</b>  Associates In Dermatology Inc	<b>Street Address, City, State</b>  7932 W Sand Lake Rd Ste 202, Orlando, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A recertification survey was conducted on November 1, 2021. Associates in Dermatology Inc clinical laboratory was not in compliance with 42 CFR 493, requirements for clinical laboratories.
<b>D5805</b>	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the Mohs map failed to list the address of the laboratory where testing was performed for five of five patients' Mohs maps reviewed. Findings: Review of the Mohs map showed the address of the laboratory was not listed. On 11/01/2021 at 11:41 AM, the Operations Manager stated the address of the laboratory was not listed.</p>